PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								ALL E	YTITY	OR	OTHER SMALL	
TO	OTAL CLAIMS					F	ATE	FEE	7	RATE	FEE	
FC	)R		NUMBER	NUMBER FILED		NUMBER EXTRA		SIC FE	385.00	ÓR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIM	is 29 m	29 minus 20=		9		XS 9=		OR	X\$18=	
INC	DEPENDENT C	LAIMS	<u> </u>	. minus 3 =		. 3		X43=		OR	X86=	
ML	ILTIPLE DEPEN	NDENT CLAI	M PRESENT						· · ·	OR	+290=	
* If the difference in column 1 is less than zero, enter *0" in column 2								OTAL	-	OR	TOTAL	
CLAIMS AS AMENDED - PART II									<u> </u>	10	OTHER	THAN
(Column 1) (Column 2) (Column 3)								MALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAININ AFTER AMENDME		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.41	Minus	-2	}	= 22	×	\$ 9=		OR	X\$18=	
AME	Independent	-6	Minus	1 6		= 10	×	43=		OR	X86=	
	FIRST PRESE	PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+1	45=		OR	+290=	
								TOTAL		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)								II. FCC	<del></del>	•	NOOM. FEEL	
AMENDMENT B	•	CLAIMS REMAININ AFTER AMENDME	İ	HIGHI NUME PREVIO PAJO F	BER BUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	-41	Minus	<b></b> 4		= Q	X	\$ 9=		OR	X\$18=	
AME	Ind pendent	NTATION OF	Minus	OCNIDENT	) CI AIM	- 1	×	43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+1	45=	•	OR	+290=	
								TOTAL T. FEE	·	ОR ,	TOTAL ADDIT, FEE	
		(Column	1)			• •			·			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	-41	Minus	- 4		- D/	XS	9=	•	OR	X\$18=	
AME	Independent	• f	Minus		<u>,                                     </u>	=/\(\infty\)	X4	13=		OR	X86=	
ليًا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+1	45=		OR	+290=	
	* If the intry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OB L	TOTAL	
***	If the "Highest Nu	mber Previous	y Paid For IN TH Paid For (Total o	IS SPACE is	less tha	n 3, enter "3."	ADDI	r. FEE		. ,	MDDIT. FEE L MD-1.	

FORM PTO-875 (Rev. 10/03)

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